

MISSOURI DEPARTMENT OF HEALTH

BLOOD ALCOHOL TEST REPORT - BAC VERIFIER

SUBJECT'S NAME	DATE OF TEST
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OPERATIONAL CHECKLIST: BAC VERIFIER

SERIAL NO.	LOCATION OF INSTRUMENT
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- ☐ 1. Subject observed for at least 15 minutes by _____.
No smoking or oral intake of any material during this time; if vomiting occurs, start over with the 15 minute observation period.
- ☐ 2. Assure that the power switch is ON.
- ☐ 3. If traveling dots are present on display board, press RUN button and wait for green status light to appear, or if green status light is already on, proceed with step 4.
- ☐ 4. Press RUN button.
- ☐ 5. When display board reads "BLO" and gives audible beep, take subject's breath sample.
- ☐ 6. When printer has completed printing result, tear off tape, fill in subject's name, officer's name and badge number on printout tape. Attach printout to this report.

CERTIFICATION BY OPERATOR	BAC
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As set forth in the rules promulgated by the Department of Health related to the determination of blood alcohol by breath analysis, I certify that:

- ☐ 1. There was no deviation from the procedure approved by the department.
- ☐ 2. To the best of my knowledge the instrument was functioning properly.
- ☐ 3. I am authorized to operate the instrument.
- ☐ 4. No radio transmission occurred inside the room where and when this test was being conducted.

NAME OF OPERATOR	PERMIT NO.	EXPIRATION DATE
WITNESS (IF ANY)		DATE